INFORMATION AND FILING INSTRUCTIONS - PODIATRIST

Access this form via website at www.hawaii.gov/dcca/pvl

LICENSURE

REQUIREMENTS

To be licensed, you must:

- Be a graduate in podiatric medicine from a college approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association; and
- Have passed Parts I, II and III (PMLexis) of the National Board of Podiatric Medical Examiners' (NBPME) examination.

APPLICATION

To apply for licensure, you will need to:

- 1. Complete the attached "Application for Examination/License-Podiatrist" legibly in dark ink and submit it with the applicable fees (see fees below) and a copy of your diploma or college transcripts, to the Board of Medical Examiners (Board);
- Arrange to have a score report for Parts I and II of the NBPME examination sent directly to the Board by contacting the NBPME/Chauncey Group International (P.O. Box 6516, Princeton, NJ 08541-6516; phone: (877) 302-8952) and enclosing a check in the amount of \$35;
- 3. Arrange to have the Part III (PMLexis) score report and disciplinary report sent directly to the Board
 - Requesting the reports from the Federation of Podiatric Medical Boards, 6551 Malta Drive, Boynton Beach, FL 33437, phone (561) 752-3735 (Enclose a check in the amount of \$95: \$45-score report and \$50-disciplinary report); or
 - Ordering them online at www.fpmb.org.

FEES

Send the attached "Verification of License - Podiatrist" to all the States in which you are/were licensed. Duplicate form as needed.

If applying for licensure between February 1, even-numbered year, to January 31, odd-numbered year, pay\$230 (Application fee-\$50*, License fee-\$50, second year of two-year license period-\$40; CRF-\$90)

If applying for licensure between February 1, odd-numbered year, to January 31, even-numbered year, pay\$145**

(Application fee-\$50*, License fee-\$50, CRF-\$45)

Submit check or money order made payable to COMMERCE & CONSUMER AFFAIRS.

Note: One of the numerous legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you may not do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.

EXAMINATION AND LICENSURE

REQUIREMENTS

To take the Part III (PMLexis) examination, you must be a graduate in podiatric medicine from a college approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association.

APPLICATION

The Part III (PMLexis) examination is a computer-based test which is administered in June and December of each year. To apply for it, you will need to:

(CONTINUED ON BACK)

POD-00 0704R

^{*}Application fee is not refundable.

^{**}Subject to renewal January 31, even-numbered year, regardless of issue date.

APPLICATION (cont.)

- Register directly with the NBPME/Chauncey Group International at least 60 days prior to the exam.
 Call our Licensing Branch at 808-586-3000 for a registration form, complete it and send it directly to NBPME/Chauncey Group International.
- 2. Complete the attached "Application for Examination/License Podiatrist" legibly in dark ink and submit it, with the <u>application fee</u> (see fee below) **and** a <u>copy of your diploma or college transcripts</u>, to the Board **at least 60 days prior to the exam**;
- 3. Arrange to have a score report for Parts I and II of the NBPME examination sent to the Board by contacting the NBPME/Chauncey Group International (P.O. Box 6516, Princeton, NJ, 08541-6516) and enclosing a check in the amount of \$35;
- 4. If you are/were licensed in other state(s), arrange to have a disciplinary report sent **directly** to the Board by:
 - Requesting the report from the Federation of Podiatric Medical Boards, 6551 Malta Drive, Boynton Beach, FL 33437, phone (561) 752-3735 (Enclose a check in the amount of \$50); or
 - · Ordering it online at www.fpmb.org.
- 5. If you are/were licensed in other State(s), send the attached "Verification of License Podiatrist" to <u>all</u> the States in which you are/were licensed. Duplicate form as needed.

The application fee is \$50 and not refundable. Submit a check or money order in that amount, made payable to Commerce and Consumer Affairs. (We will notify you of the required license fees when you have passed the Part III (PMLexis) examination.)

Note: The Part III (PMLexis) examination fee is to be paid directly to CGI and submitted to them with your registration form.

GENERAL INFORMATION FOR ALL APPLICANTS

BOARD'S ADDRESS

FEES

Mail the application and items to:

Deliver to office location at:

Board of Medical Examiners DCCA, PVL, Licensing Branch P.O. Box 3469 Honolulu, HI 96801 Licensing Branch 335 Merchant St., Room 301 Honolulu, HI 96813

Phone: (808) 586-3000

LICENSE DENIAL

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

or

BIENNIAL RENEWAL

All licenses, regardless of issuance date, are renewable biennially on or before January 31 of each even-numbered year. To renew, a fee is due and forty (40) hours of continuing education in podiatry is required. For details on continuing education, refer to subchapter 8 of the Board's administrative rules.

Failure to renew constitutes a "forfeiture" of license. A license that has been forfeited for one renewal term (2 years), shall be automatically terminated and cannot be restored. A new application will be required.

LAWS AND RULES

The pertinent laws and rules are posted on our website free of charge at: www.hawaii.gov/dcca/pvl. Click on **Medical and Osteopathy**.

Alternatively, you may obtain copies by sending a written request to: Licensing Branch, PVL, P.O. Box 3469, Honolulu, HI 96801.

- Chapter 453, Hawaii Revised Statutes (HRS)
- 2. Chapter 85, Hawaii Administrative Rules (HAR)
- 3. Chapter 436B, Hawaii Revised Statutes (HRS)

ABANDONED APPLICATION

Your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information requested by the licensing authority within two consecutive years from the last date the documents or other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process, including attempting to complete the examination requirement.

APPLICATION FOR EXAMINATION/LICENSE - PODIATRIST			ST	Approved:	Date/Initials:		
Name (First-Middle)		(LAST)		Date Licensed	License No.		
Resid	ence Address (Include Apt. no., city, state &	zip code)			-		
			: USE				
Mailin	g Address (if different from above)		FOR OFFICE				
Other	names used:		g				
Social Security No.		Phone No. (days)					
Date o	of Birth	Month/Year of exam applying for:					
Circle	or underline your answers and give	e other information as required:					
1)	Are you at least 18 years of age?					. YES	NC
2)		onal, or an alien authorized to work in the				VES	NC
3)	United States?						NC
,	4a) Have you taken and passed Parts I and II of the National Board of Podiatric Medical Examiners' (NBPME) examination?						
5a)	b) Date request for Parts I and II scores made 5a) Have you taken and passed Part III (PMLexis) of your NBPME examination? b) Date request for Part III (PMLexis) score made						NC
6)							NC
7)		rogatory information about you in the fi	-				NC
	Ba) Has any license ever been suspended, revoked or denied, or otherwise subject to disciplinary action?					`	NC NC
9)	9) During the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged?						
Affida	vit of Applicant						
omissi		ained in this application and the docuntation or a breach of this certification is					
	Date	<u> </u>		Signature	of Applicant		
Licensir	terial can be made available for individuals g Branch Manager at (808) 586-3000, to su			Exam Lic	524	\$ 60 \$ 50 40 \$45/90)

VERIFICATION OF LICENSE - PODIATRIST

State of Hawaii Board of Medical Examiners

	Name (First-Middle)	(LAST)		Social Security No.			
				,			
	Address (Include apt. no., city, state and zip code)			LICENSE NUMBER			
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APPLICANT							
⋖							
	I hereby authorize the licensing agency of the state of						
	below to the State of Hawaii Board of Medical Examiners ("BME") and I authorize the BME and its agents to use the evaluating my application.						
	Date SIGN HERE						
	This is to certify that the above-named individual was issued license number						
	Date license issued:						
	Date licerise issued.		License	e status:			
	Date license expires:			current			
	•			sed since:			
			[] inac	ctive since:			
	Has this license ever been encumbered in an	y way (revoked,					
	suspended, surrendered, limited, placed on p						
	currently pending disciplinary action, being in	vestigated?	[] NO	IVEC (Evaloin a voc response and attack conv. of			
			L] YES (Explain a yes response and attach copy of board's final order and related information.)			
				board o liner order and rolated information.			
	Is there any derogatory information in your file	e with					
≿	respect to the above-named individual:		[]NO				
N.			L] YES (Explain a yes response and attach copy of board's final order and related information.))			
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ENSING AGENCY							
				Exam Date(s):			
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S				· <u> </u>			
-							
	Signature						
	Signature:						
	Title:						
				BOARD SEAL			
	State:						
	_ :						
	Date:						
	TO THE BOARD: Return this form directly to the Hawaii Board of Medical Examiners, P.O. Box 3469, Honolulu, HI 9680						